

GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD
CE AUDIT REPORT FORM
For the Two-year CE Reporting Period Ending December 31, 2011

PLEASE PRINT OR TYPE
Be sure to sign and date in
The space provided

Institute, Organization, or Agency Conducting Program	Title of Course	Location of Course	Dates Attended	Number of Hours Completed	Documentation Attached
Total hours claimed					

Number of hours in 2010	
Number of hours in 2011	

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AFFIDAVIT

Sworn to and subscribed before me this _____ day of _____, 20____ .

I certify that the above is true and accurate information and I have attached required documentation.

Signature of Licensed Conditioned Air Contractor

Notary Public _____

Printed/Typed Name of Licensed Conditioned Air Contractor

NOTARY SEAL

Daytime Telephone Number _____

License Number _____

License Issue Date _____

Scan and Email: chmason@sos.ga.gov

Fax: 1-866-888-9718

Mailing Address: Construction Industry licensing Board
237 Coliseum Drive
Macon, GA 31217-3858